

Dear Retiree:

Pursuant to M.G.L. Chapter 41, §100B, I am enclosing an Application for Benefits form that must be completed and submitted to this office with all for medical invoices and request for medical reimbursement. Only original medical bills will be processed for payment, not copies.

Failure to comply will result in nonpayment of your medical bills.

Kindly inform this office when you are in need of more applications and the same will be forwarded to you.

Very truly yours,

Karen A. Gagnon
Claims Agent & Investigator

Enc.

**CITY OF LOWELL
POLICE / FIRE RETIRED**

**APPLICATION FOR BENEFITS
M.G.L. CH. 41, §100B**

Date of Application: _____

I, _____
NAME SOCIAL SECURITY #

ADDRESS

retired from the _____ Department of the City of Lowell, do here by make an application to be indemnified for the following expenses incurred by me on _____.

I am submitting with this application the attached expenses, which I incurred as the result of my retirement. Pursuant to M.G.L. Ch. 41, §100B, I certify: (1) that these expenses for which indemnification is sought are the natural and proximate result of the disability for which I retired; (2) that such expenses and treatment were incurred after the acceptance of this section; (3) that all related expenses and treatment was rendered within six months before the filing of this application; (4) that such expenses were in no ways attributable to the use of any intoxicating liquor or drug or to being gainfully employed after retirement or to any other willful act or conduct on my part; and (5) that such expenses are reasonable under all the circumstances.

HOSPITAL: _____

PHYSICIAN: _____

PHARMACY: _____

OTHER: _____

TOTAL: _____

I, declare that the above statements are true under the pains and penalties of perjury.

Signature _____

Revised 04/07/08